

CLAIMS ONLY

Application Number	10589836
Filing Date	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5	1					
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Total Indep	5					
Total Depend	7					
Total Claims	12					

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Total Claims						